

# Administering and Managing Employee Leaves of Absence

1

**Medical  
Leaves  
of Absence**

2

**Coaching  
Employees and  
Managing  
Leaves of Absence**

3

**Non-Medical  
Leaves of  
Absence**

# Duty Incurred Disability Pay

First things First - when employee claims was injured:

- Visit site of injury to study causes/interview witnesses
- Employee completes Injury Leave request
- Supervisor completes EB-49 form
- Employee may be carried on Sick Leave until Worker's Comp authorizes injury pay.
  - If Worker's Comp does not authorize injury pay, employee is paid sick leave.



# Duty Incurred Disability Pay

- 70 – 80% (depending on bargaining unit) of base salary in lieu of Workers' Comp for the time employee disabled from injury.
- Limited to 1 year or 250 days of such pay for the entire course of employment with City.
- Employees only receive pay for those hours that they would normally be scheduled (so don't get if laid off).

**When employee indicates ready to return to work from injury - require a release to work from doctor.**

# Sick Leave - Accrual

- Most non-management employees earn 15 sick leave days per year.
  - Earn at rate of 4.6 hours a pay period.
- Managers earn 12 sick leave days per year.
  - Earn at rate of 3.7 hours a pay period.

Both management and non-management employees are capped at 120 days of sick leave

- Most non-management employee may not use sick leave until 6 months after hire.
- Managers may take sick leave immediately upon hire.

## Sick leave is for:

- Necessary absence because of employee's own illness pregnancy or injury.
  - Not for stress, hangovers, tiredness, frustration with co-workers, tardiness etc...
- Appropriate for medical and dental appointments.
  - Not for chiropractor, psychologist, nutritionist, cosmetic surgery – unless treatment is under direction of own physician.

**Review the sick leave application –sick leave should not be automatically authorized**

**Call the employee if you need clarification of medical status to authorize sick leave**

# When Sick Leave is not Appropriate

If employee did not give proper notice or call absence in under your work rules

Sick leave may only be used for time that employee would work during normal work-shift (e.g. no sick leave for OT).

If the employee did not submit a complete sick leave application, or (if required) doctor's certification.

When returning to payroll, employee may not use sick leave until has been regularly at work for at least one day

To care for employee's family member (unless substitutes FMLA)

Sick leave cannot be used when the employee is off payroll (e.g. on layoff, suspension, resignation...)



# Sick Leave - Administration

- Three day rule
  - If employee takes more than three consecutive days of sick leave, they must supply a doctor's excuse.
  - An occurrence of sick leave is the period of time an employee uses a single day or a number of consecutive days of sick leave.
  
- Employees may not borrow, be advanced or have a negative sick leave balance.



# Sick Leave - Administration

- Two hour provision – “069 time”.
  - At discretion of department, employee may take paid absence of up to two hours without reporting it as sick leave.
  - Allowed only 3 instances of 069 time in a year.
  - Limited to 1 instance of 069 time in a day.
  - For the employee’s own health; e.g. doctor/dentist visit.
  - Employee may not be under doctor’s certificate requirement via sick leave control letter #2.
  - Employee must meet any other criteria your department work rules have established; e.g. call-in times.





## Sick Leave - Administration

- When taking sick leave, employees must follow your department's work rules.
  - Required to call in sick leave before shift starts.
  - Employee should be calling in - not spouse, friend, relative.
  - Employee should report absence to supervisor, not co-worker.
  - Employee must stay home while on sick leave, except for necessary trips to doctor or pharmacy.
    - Written substantiation should be given for doctor/pharmacy trips
  - Home visits and phone calls may be conducted

## Where to find Sick Leave Application:

➤ MINT

➤ Forms for City  
Service

➤ Sick Leave,  
Application for

CBP-156 REV. 1-95		CITY OF MILWAUKEE		WERE YOU INJURED ON JOB? _____	
YELLOW - DEPARTMENT		<b>APPLICATION FOR SICK LEAVE</b> <input type="checkbox"/> <b>or INJURY PAY</b> <input type="checkbox"/>			
NAME FIRST LAST		<b>INSTRUCTIONS:</b> IF ABSENT FOR MORE THAN THREE WORKING DAYS, A DOCTOR'S CERTIFICATE CONTAINING THE FOLLOWING INFORMATION IS REQUIRED: 1. STARTING AND ENDING DATES OF ABSENCE. 2. NATURE OF ILLNESS OR INJURY. 3. WHETHER OR NOT THE APPLICANT WAS ABLE TO WORK. <b>NOTE:</b> SICK LEAVE CERTIFICATION (FORM CBP 157) MAY BE COMPLETED BY YOUR DOCTOR TO VERIFY YOUR ABSENCE. IT CAN BE OBTAINED FROM YOUR PAYROLL CLERK.			
ADDRESS					
TITLE	PENSION NUMBER				
DEPT/DIV.					
PERIOD ABSENT FROM WORK: (IF LESS THAN ONE FULL WORKING DAY, COMPLETE LINE 2. BELOW)					
MONTH DAY YEAR		MONTH DAY YEAR		NUMBER OF WORKING DAYS ABSENT:	
1. FROM: MONTH DAY YEAR THRU MONTH DAY YEAR					
2. PARTIAL DAY ABSENCE FROM : TO : NUMBER OF HOURS:					
NATURE OF ILLNESS OR INJURY: _____					
DID YOU REMAIN IN YOUR HOME DURING THE FULL PERIOD OF ILLNESS OR INJURY, <b>INCLUDING EVENING HOURS</b> EXCEPT FOR VISITS TO THE DOCTOR? YES <input type="checkbox"/> NO <input type="checkbox"/> IF ANSWER IS "NO," EXPLAIN BELOW:					
DID YOU RECEIVE MEDICAL ATTENTION FROM A DOCTOR DURING THE ABOVE PERIOD? YES <input type="checkbox"/> NO <input type="checkbox"/>					
DOCTOR'S NAME:			ADDRESS:		
DID YOU NOTIFY YOUR SUPERIOR IN ACCORDANCE WITH YOUR DEPARTMENTAL REGULATIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>					
<b>FALSE OR MISLEADING STATEMENTS WILL BE CONSIDERED CAUSE FOR SUSPENSION OR DISCHARGE.</b>		THE ABOVE STATEMENTS ARE TRUE AND CORRECT:			
		<b>APPLICANT'S SIGNATURE:</b> _____			
		<b>DATE:</b> _____			
<b>THIS SECTION FOR DEPARTMENTAL APPROVAL</b>					
HAVE REVIEWED THIS APPLICATION FOR ACCURACY AND COMPLETENESS AND PAYMENT IS APPROVED:		SIGNATURE		DATE	

# Sick Leave Control Program

- Excessive sick leave should be monitored through a sick leave control program
  - Means to progressively address excessive sick leave use.
  - If employee has 4 or more occurrences of sick leave in 6 months they are put on sick leave “letter” 1 or 2, which may result in discipline or discharge.
  - When employee’s sick leave is being monitored in the control program, they must supply a doctor’s cert for every instance of sick leave.
    - In such cases, should not allow vacation for employee who feels sick – that circumvents the doctor’s cert requirement.



# Sick Leave Control Program

- In addition to the amount of Sick Leave used, you should be looking for patterns of use.
  - ☐ Monday/Friday absence
  - ☐ Absences around holidays, furloughs
  - ☐ Sick leave use when vacation was denied
  
- You may also question suspicious use of Sick Leave.
  - ☐ If you have good reason to suspect sick leave abuse you can request a doctor's excuse for sick leave used for less than 3 days.

## Sick Leave Control Program

Zero occurrences in  
12 months will remove  
employee from the  
program

	Advance to Next Step	Remain at Current Step	Reduce to Prior Step
Letter # 1	4 in 6 mos	1 to 3 in 6 mos	0 in 6 mos
Letter # 2	4 in 6 mos	1 to 3 in 6 mos	0 in 6 mos
Letter # 3	4 in 6 mos	1 to 3 in 6 mos	0 in 6 mos
Warning	4 in 6 mos	1 to 3 in 6 mos	0 in 6 mos
3 Day Suspension	4 in 6 mos	1 to 3 in 6 mos	0 in 6 mos
10 Day Suspension	4 in 6 mos	1 to 3 in 6 mos	0 in 6 mos
30 Day Suspension	4 in 6 mos	1 to 3 in 6 mos	0 in 6 mos
Discharge	4 in 6 mos		

Employee who stays at current step for 2 or more years will have current step reissued.

One occurrence in 6 months and one occurrence in the next 6 months will result in reduction to prior step

# EXAMPLE – Sick Leave Control

2010	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
SATURDAY /SUNDAY WEEKEND												
MON		1	1		3			2			1	
TUE		2	2		4	1		3			2	
WED		3	3		5	2		4	1		3	1
THUR		4	4	1	6	3	1	5	2		4	2
FRI	1	5	5	2	7	4	2	6	3	1	5	3
SATURDAY /SUNDAY WEEKEND												
MON	4	8	8	5	10	7	5	9	6	4	8	6
TUE	5	9	9	6	11	8	6	10	7	5	9	7
WED	6	10	10	7	12	9	7	11	8	6	10	8
THUR	7	11	11	8	13	10	8	12	9	7	11	9
FRI	8	12	12	9	14	11	9	13	10	8	12	10
SATURDAY /SUNDAY WEEKEND												
MON	11	15	15	12	17	14	12	16	13	11	15	13
TUE	12	16	16	13	18	15	13	17	14	12	16	14
WED	13	17	17	14	19	16	14	18	15	13	17	15
THUR	14	18	18	15	20	17	15	19	16	14	18	16
FRI	15	19	19	16	21	18	16	20	17	15	19	17
SATURDAY /SUNDAY WEEKEND												
MON	18	22	22	19	24	21	19	23	20	18	22	20
TUE	19	23	23	20	25	22	20	24	21	19	23	21
WED	20	24	24	21	26	23	21	25	22	20	24	22
THUR	21	25	25	22	27	24	22	26	23	21	25	23
FRI	22	26	26	23	28	25	23	27	24	22	26	24
SATURDAY /SUNDAY WEEKEND												
MON	25		29	26	31	28	26	30	27	25	29	27
TUE	26		30	27		29	27	31	28	26	30	28
WED	27		31	28		30	28		29	27		29
THUR	28			29			29		30	28		30
FRI	29			30			30			29		31
SATURDAY /SUNDAY WEEKEND												
2010	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Employee has 4 occurrences in 1<sup>st</sup> 6 months

Employee has 2 more occurrences in 6 months from Sick Leave Letter #1

# Sick Leave Incentive Days

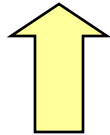
- Employees may earn up to three days with pay per year as an incentive for not using sick leave.
- Time is earned on trimester basis
  - (PP1-9; 10-18; 19-26).

To earn a Sick Leave Incentive Day, employee must:

Not have used paid sick leave, unpaid leave, been AWOL, tardy or suspended or used injury pay

Have a sick leave balance of 12 days for management

Have a sick leave balance of 15 days for union and non-management



If used injury pay for verified, work-related injury and employee returned to work on the next regularly scheduled work day - still get SILP day

# Sick Leave Control Program

## Sick Leave Incentive Days

Sick Leave Incentive – Accrual / Use	
Earned in Trimester 1	Use in Trimester 2 or 3
Earned in Trimester 2	Use in Trimester 3
Earned in Trimester 3	Use in Trimester 1, 2, 3 of following year

SLIP day is used like a regular vacation day

***If manager does not use any SL in full year, earns one extra SLIP day – which must be taken as time off by end of following year.***

***In some cases (like DC48) Department head has right to determine whether SLIP day will be taken as cash or time off.***

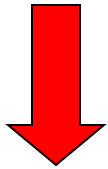


# FMLA

There is FMLA leave authorized by both the Federal government, and the State of Wisconsin

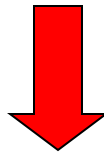
**Employees can use Wisconsin Family Medical Leave for the following**

For employee's own serious health condition:



Max of 2 weeks paid sick leave, comp time, vacation or unpaid time

For care of employee's child, spouse or parent's serious health condition:



Max of 2 weeks paid sick leave, comp time, vacation or unpaid time

For birth or placement for adoption of a child:



Up to 6 weeks paid sick leave, comp time, vacation or unpaid time.

(leave must start within 16 weeks of birth/placement)

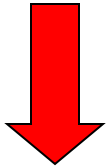
***But employees may not use WFML for placement for foster care***

# FMLA Federal Leave

Federal FMLA and Wisconsin FMLA run concurrently – they are not administered as separate benefits

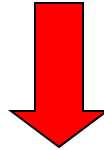
**Employees can use Federal FMLA for the following:**

For employee's own serious health condition:



Max of 12 weeks paid sick leave, comp time, vacation or unpaid time

For care of employee's child, spouse or parent's serious health condition:



Max of 12 weeks paid comp time, vacation or unpaid time – **NO SICK LEAVE**

For birth or placement for adoption or foster care of a child:



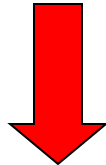
Max of 12 weeks paid comp time, vacation or unpaid time – **NO SICK LEAVE**

(leave must start within 12 months of birth/placement)

# FMLA Federal Leave

**Federal FMLA also has some special leaves related to military service:**

For care of spouse, son, daughter, parent, next of kin who is member of armed forces:



Leave of 26 weeks during single 12 month period

Leave for a qualifying exigency from active duty or call to duty in National Guard or Reserves for spouse, son, daughter or parent:



Leave of 12 weeks during single 12 month period



# FMLA - Eligibility

Employees are eligible for WFML:

if they have completed 52 consecutive weeks of service, and at least 1,000 hours of service in the 52 weeks prior to the start of the leave

Employees are eligible for federal FMLA:

- if they have been employed for at least 12 months during the last 7 years and have worked at least 1,000 hours in the 12 months prior to the start of leave

For purposes of determining if an employee has worked 1,000 hours in a year, paid time off such as sick leave, vacation and injury pay are considered to be “hours worked”.

FMLA is given to eligible employees on a calendar year basis

- Each new calendar year, eligible employees qualify for a new FMLA leave.



# FMLA

While on FMLA:

- Employee's position is secure – employee must be returned to same or like job when returning from FMLA.
  - Employee does not break seniority.
  - Employee maintains health insurance coverage.
  - Employee continues to accrue sick leave and vacation.
  - Leave may be taken intermittently.
- 
- Although employees MAY use paid vacation and sick leave for certain FMLA leaves – you can't force them to.
  - For an employee's own medical condition, they may use all their sick leave and then go on FMLA.

# FMLA – Requesting Leave

## Where to find FMLA request form:

➤ MINT

➤ Employee  
Resources

➤ Forms for City  
Service

➤ FMLA Related  
Forms and Info

➤ City of Milwaukee  
Request for FMLA

Department of Employee Relations  
June 2, 2009

### City of Milwaukee Request for Family or Medical Leave and Department Review Under the Federal FMLA and/or Wisconsin FMLA

Please complete this form for each instance of leave requested and submit along with the certification form if appropriate to your department FMLA leave administrator. (Medical Certifications may be provided in sealed envelope for confidentiality.) A new request form is to be completed for each pay period in which leave is requested. You will be notified whether your request is approved or denied.

#### EMPLOYEE INFORMATION

Name:		PeopleSoft ID #:	
Department:		E-Mail:	
Division:		Home Phone:	
Job Title:		Mobile Phone:	

#### TYPE OF LEAVE

☐ Medical Leave for Employee's Own Serious Health Condition.

☐ Family Leave to Care for Family Member with a Serious Health Condition

Name of Family Member: \_\_\_\_\_ Address: \_\_\_\_\_ (City/State)

Relationship to Employee: \_\_\_\_\_ If Son or Daughter, Date of Birth: \_\_\_\_\_

*Indicate Spouse, Parent, Son, Daughter or Parent-in-Law (WFMLA only)*

☐ Family Leave For:

☐ Birth of My Child

☐ Placement of a Child with me for Adoption

☐ Placement of a Child with me for Foster Car (Federal FMLA only)

Anticipated date of Birth or Placement: \_\_\_\_\_ Actual Date of Birth or Placement: \_\_\_\_\_

☐ Military Family Leave to Care for a Covered Service Member with a Serious Health Condition

Name of Service Member: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

☐ Military Family Leave Exigency Leave

Name of Service Member: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

#### AMOUNT OF LEAVE REQUESTED

List Date/Month/Year	Unpaid Leave	Vacation	Compensatory Time	Sick Leave
From				
To				
Total Hours				

#### EMPLOYEE CERTIFICATION AND SIGNATURE

I hereby certify that the information given is true and correct to the best of my knowledge. I understand that misrepresentation of the reason for leave or any of the facts supporting the need for leave will result in denial of the leave and disciplinary action up to and including discharge:

--	--	--	--

Employee Signature

Date

Supervisor's Initials  
on Receipt of Form

Date of Receipt

# FMLA – Requesting Leave

## Where to find FMLA medical certification:

- MINT
- Employee Resources
- Forms for City Service
- FMLA Related Forms and Info
- Certification of Health Care Provider

Certification of Health Care Provider for  
Employee's Serious Health Condition  
(Family and Medical Leave Act)

U.S. Department of Labor  
Employment Standards Administration  
Wage and Hour Division



OMB Control Number: 1215-0181  
Expires: 12/31/2011

### **SECTION I: For Completion by the EMPLOYER**

**INSTRUCTIONS to the EMPLOYER:** The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: \_\_\_\_\_

Employee's job title: \_\_\_\_\_ Regular work schedule: \_\_\_\_\_

Employee's essential job functions: \_\_\_\_\_

Check if job description is attached: \_\_\_\_\_

### **SECTION II: For Completion by the EMPLOYEE**

**INSTRUCTIONS to the EMPLOYEE:** Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: \_\_\_\_\_  
First Middle Last

### **SECTION III: For Completion by the HEALTH CARE PROVIDER**



# FMLA – Medical Certifications

- When an employee wants to take FMLA; direct them to work with your FMLA leave administrator.
  - Leave administrator reviews a Medical Certification from doctor.
  - Leave administrator determines if FMLA is allowed for condition.
  - Leave administrator informs employee if leave is allowed.

You need to know when employee is expected to return to work. It's OK to ask leave administrator for updates on employee's return to work date.

You don't need to know specifics about the employee's medical condition. Protect yourself; allow the leave administrator to keep medical info confidential.



# FMLA – What the Leave Administrator is Looking for

- Is leave being requested for a serious health condition?
  - Injury, illness, physical or mental condition that requires an overnight stay in medical care, or:
  - Continuing treatment for a condition that prevents employee from performing essential functions of job
  - Continuing treatment that prevents qualified family member from participating in school or other daily activities.
- For employee's own serious health condition:
  - 2 visits to doctor within 30 days of first day of incapacity, and first visit must be within 7 days of first day of incapacity.
  - More than 3 consecutive full calendar days incapacity plus continuing treatment
  - At least 2 visits to doctor per year for chronic condition



# City Service Leaves of Absence

- Rule X.2 of the City Service Rules authorizes departments to grant an unpaid leave for:
  - ☐ Employee's own medical conditions
  - ☐ Education
  - ☐ Acceptance of exempt position
  - ☐ Acceptance of position in fire or police service
  - ☐ Acceptance of position of honor with Federal, State, Mil. County gov.
- Leave may be up to a year. Extensions of up to a year may be granted by department.
- Employees may not take a leave to engage in business or practice a profession outside City service (except as noted above).

# Where to find CSC Leave of Absence request form:

➤ MINT

➤ Employee  
Resources

➤ Forms for City  
Service

➤ Leave of Absence,  
Request for

City of Milwaukee  
CBP-129, R. 03/2007

## REQUEST FOR LEAVE OF ABSENCE

DER REPORT NO.

### INSTRUCTIONS:

1. **Employee** must sign this form and give it to his/her immediate supervisor.
2. **Supervisor** must transmit the copy for Reporting Officers and/or Approving Officer's signature.
3. **Department** must distribute copy as follows:
  - Employee
  - Department
  - Employees' Retirement System
  - Dept. of Employee Relations – Pay Services Section

Date: \_\_\_\_\_

Employee:				Employee ID No.:	
Address:				Payroll Location No.:	
Department:					
Division:					
Job Title:					
Leave to take effect (last day on payroll):	Anticipated return date:	Length of Leave:	Months:		
<b>Reason for Leave:</b>					
If I fail to return from this Leave, I understand that I will be separated from the City Service. If I need additional time, I will contact my Department to request an extension.					
Employee Signature			Date		
<b>NOTE:</b> Department must obtain City of Milwaukee Identification Card from employee if leave exceeds 60 days.	Signature:				
	Title:				Date:
	Signature:				
	Title:				Date:
<b>NOTE:</b> A Leave of Absence does not necessarily guarantee a return to your job. If you have any questions regarding your status while on Leave of Absence contact the Department of Employee Relations. <i>This form is not used for leave requested under the Federal or Wisconsin Family and Medical Leave Acts.</i>					

# Putting it all Together

- You will have employees who use leaves together to create an extended authorized absence.



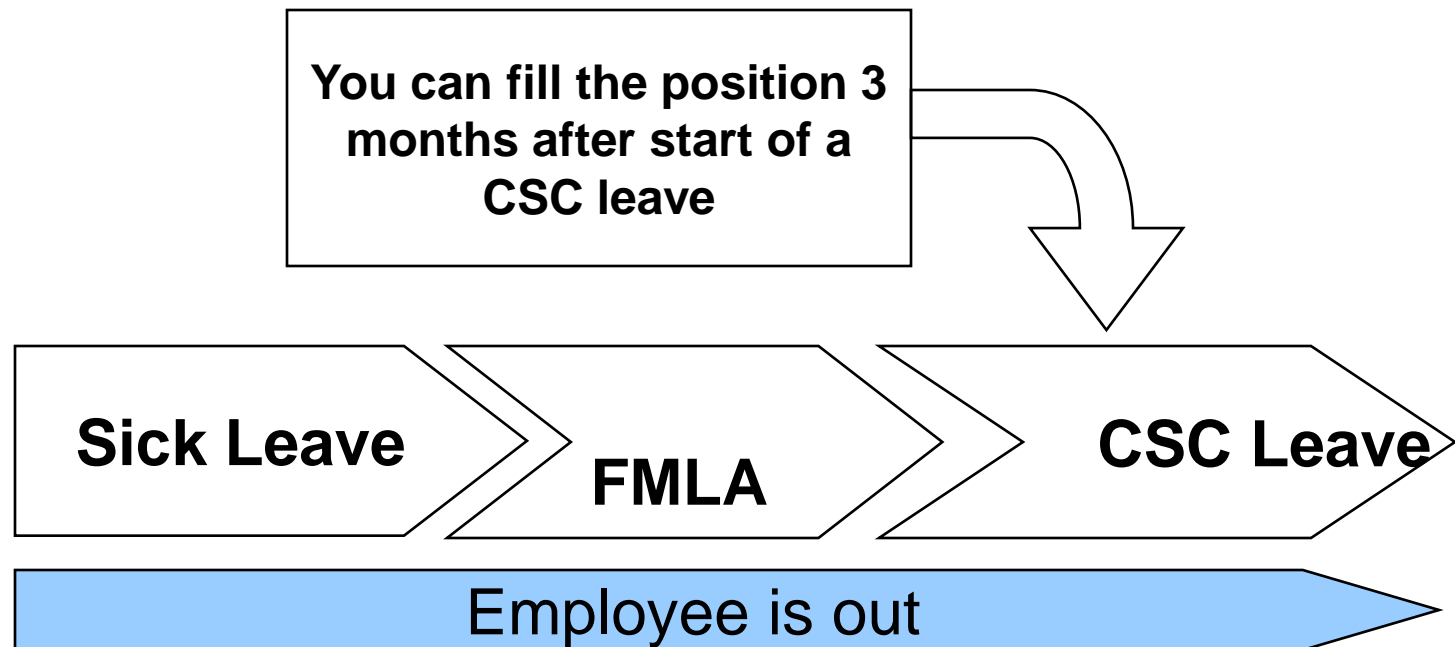
**This can come out to more than a year and a half of absence!!**

# Putting it all Together

Rule X, 7 allows departments to fill a vacancy caused by an employee who is on a CSC LOA:

- **After 1 month** from the start of a non-medical LOA
- **After 3 months** from the start of a medical LOA

Employee is then on reinstatement list for duration of leave of absence





# When to Terminate After a CSC Leave of Absence

Careful consideration should be given to the circumstances of employees who are on medical leave or who are requesting medical leave.

There are cases where it's appropriate to terminate an employee after a leave of absence.

If you give proper notice that failure to return from a leave may result in termination –


And the employee does not respond to your notice, nor attempt to return to work.

If the employee responds to your notice that leave will expire –

but the employee is unable to return from leave due to their medical status

If the employee requests an extension of leave and extension is denied

use good judgment; if request is for an unreasonably long or interminable extension – appropriate to terminate.



# When you terminate because a CSC leave has expired, you need to give proper notice:

Give notice within reasonable amount of time that employee's leave is set to expire

- ☐ Must include date of leave's expiration
- ☐ Must explain that failure to return may result in termination.

- Hold pre-termination meeting prior to leave expiration
  - Civil Servants entitled to due process and just cause
  - In meeting employee has opportunity to explain medical status and any pending changes – also may request extension

# When you terminate because a CSC leave has expired, you need to give proper notice:

- If decide to terminate, must give written notice of termination
  - include date of termination
  - include notice that employee has right to appeal termination in front of City Service Commission
    - notice should state that if choose to appeal, must file appeal within three days of receipt of termination notice.

The issues before the Commission are limited to:

- employee's failure to return to work
- whether failure to return was excusable
- a challenge to denial of extension request

Commission will only reverse department's decision not to extend a leave under very unusual circumstances





# Why Coaching is Important?

*“What you permit,  
you promote.”*

❖ Why else?



We better do as he says, Thag, he's got the drop on us!



# Coping with Absenteeism

- Clear expectations – define “excessive”
- Progressive discipline
- Recognize positive attendance
- Document occurrences and spot patterns
- Impact on rest of dept.
- NEVER question truthfulness
- Require Physician documentation
- EAP referral
- Require timely, direct communication
- Share dept/ind. data on absenteeism
- Flexible schedules
- Include info on annual review

# What are the tools of Management?

“A manager is responsible for the application and performance of knowledge.” ~ *Peter Drucker*

## ❖ Tools?

- Communication, interest in your employees
- Clear expectations
- Rewards/consequences
- Coaching, Feedback
- Improvement plans, discipline
- Others? (NOT begging, whining, pleading)



# Controlling Sick Leave Abuse - A Working Plan

- Absence usage report – dept and inds.
- Dept policy
- Inform all employees of expectations
- Suprs meet 1-on-1 to share stats
- Monitor absence for abusers – medical reason?
- Proceed with discipline
- Keep dept. records/recognize success

# In-Depth Coaching



1. Calmly identify the problem and why it concerns you
2. Listen to your employee's point of view – paraphrase – get agreement
3. Discuss ideas for solving the problem
4. Mutually agree on actions
5. Follow-up & recognize improvement

# Applying This to Your Situation

- What are your most difficult examples
- Practice
- Discussion





“It is not so much where we stand,  
as in what direction we are moving.”

– Goethe



# Vacation – Monthly Accrual

DC 48 – Vacation accrual rate		
Employee has:	Earns:	For max of:
Less than 5 years service	1 day per month	10 days
At least 5, less than 10 years service	1.5 days per month	15 days
At least 10, less than 15 years service	2 days per month	20 days
At least 15, less than 22 years service	2.5 days per month	25 days
At least 22 years of service	3 days per month	30 days

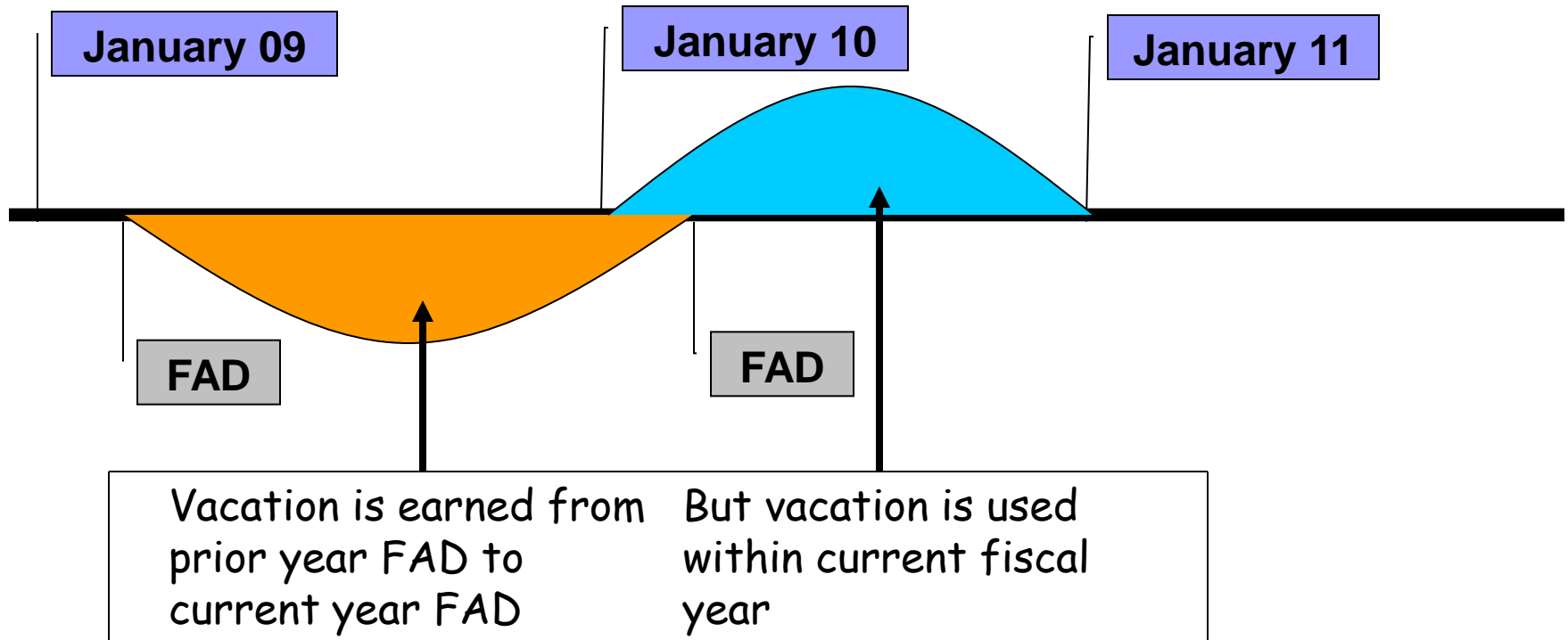
Does not  
include 2 days  
a year for "09  
time"

Max vacation for year is actually earned after 10 months

# Vacation – Monthly Accrual

Vacation is accrued from FAD to FAD, but is used on a fiscal year basis.

FAD = Date on which employee has worked a whole year, or 2080 hours



# Vacation – Monthly Accrual

- An employee is earning vacation while:
  - working, on sick leave, receiving “injury pay”, military leave or FMLA
- An employee is eligible to take earned vacation after 12 months of actual service
  - At department’s discretion, employee may use vacation after 6 months of actual service.
- An employee may carry over up to 40 hours of vacation into the following year
  - But the 40 hours must be used within the first 3 months of the year.

# Vacation – Pay Period Accrual

Management		
Employee has:	Earns:	Up to max of:
Less than 4 years service	3.7 hours per pay-period	22 (12 days / year)
At least 4, less than 9 years service	5.3 hours per pay-period	27 (17 days / year)
At least 9, less than 14 years service	6.8 hours per pay-period	32 (22 days / year)
At least 14, less than 21 years service	8.4 hours per pay-period	37 (27 days / year)
At least 21 years of service	9.9 hours per pay-period	42 (32 days / year)

## Employees on the Pay Period Accrual System:

- have 2 days of "09" time included in the vacation they earn each year.
- may use vacation as soon as it's earned.
- may have a negative vacation balance of up to 80 hours.



## “09 Days”

- Two days off with pay.
- 09 time is earned and used in the same year.
  - For pay period accrual – earned by pay-period
  - For monthly accrual – earned by month
- Like vacation, 09 time is scheduled at the department’s discretion.

# Holidays

## There are 11 City holidays

- To be eligible for a paid holiday an employee must:
  - Have been regularly at work for at least two days during the calendar week in which the holiday occurs

OR

- Have served their regular time the working day immediately before, and working day immediately after the holiday.

### **Employees are not paid for a holiday when the holiday occurs:**

- ✓ within, immediately before or after a period of disciplinary suspension or unauthorized absence.
- ✓ within or immediately after a layoff.
- ✓ within or immediately after a leave of absence greater than three days.



# Holidays for Part-Time Employees

- Half time and more than half time employees receive holiday pay on a pro-rated basis.
  - Average hours worked per pay-period in previous year / 80 X 8 hours.
- If holiday falls on part-time employee's regular day off:
  - Receives pro-rated holiday pay for that day.
  - But must take equivalent time off during regularly scheduled work week.

# Furloughs – Who takes furlough days?

## **Furlough Eligible:**

Employees who must take a designated furlough day.

## **Furlough Ineligible:**

Employees who do not take a furlough.

## **Furlough Eligible/Must Report:**

Employees who may work on a designated furlough day, but are required to take furlough time.

Furlough time must be taken in 8 hour increments before the end of the year.

**Cabinet Departments** – required to take furlough on designated furlough day.

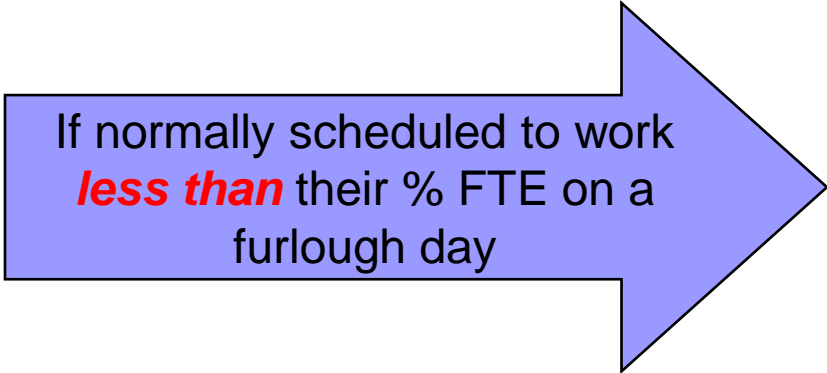
**Non-Cabinet Departments** – must have 4 furlough days, but retain flexibility to determine when employees will take furlough.

**Police Department** – Civilians serve 4 days, sworn serve 2 days furlough. Furloughs are scheduled by the Chief.

**Fire Department** – Civilians, sworn management serve 4 days furlough scheduled by the Chief.

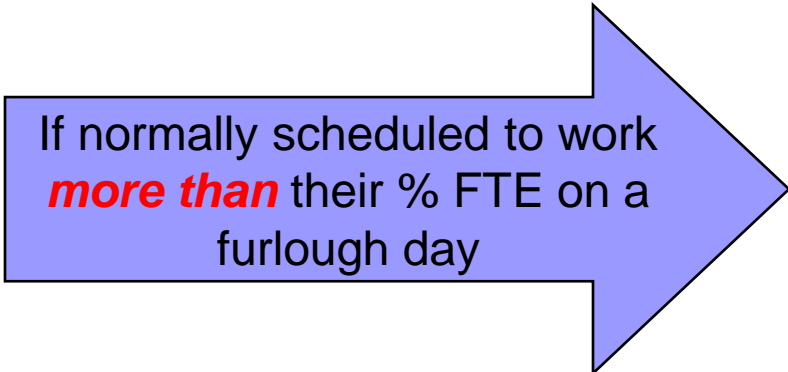


# Furloughs for Part time Employees



If normally scheduled to work ***less than*** their % FTE on a furlough day

Employee is furloughed for hours would normally have worked, but is required to make up the balance in same pay period by working fewer hours.



If normally scheduled to work ***more than*** their % FTE on a furlough day

Employee is furloughed equivalent to their % FTE, but is required to make up the balance in the same pay period by working more hours

# Furloughs for Part time Employees

## *For Example:*

You have three half-time employees. All work 20 hours a week but their schedule is varied – Friday is a furlough day.

### Employee 1

Mon	Tue	Wed	Thr	Fri
4	4	4	4	4

Employee is simply furloughed on Friday

### Employee 2

Mon	Tue	Wed	Thr	Fri
off	8	8	2	2

Employee is furloughed for 2 hours on Friday, but must take an additional 2 hours unpaid some other time.

### Employee 3

Mon	Tue	Wed	Thr	Fri
4	off	4	4	8

Employee is furloughed for 4 hours on Friday, but must work an additional 4 hours some other time

# Furloughs for City Managers

- In a furlough week, managers lose their FLSA exempt status.
  - Means they must get OT for time worked over 40 hours in a week.
- However, they are still considered managers under Chapter 350.
  - As such, they are not paid OT for hours worked outside their regular work schedule.
  - They may still work a flexible schedule.
    - Recommended that managers stick to eight hours a day during a furlough week.

# H1N1 – Exclusion from Employment

- During a flu season, employees may be voluntarily or involuntarily excluded from employment if have H1N1 like symptoms.

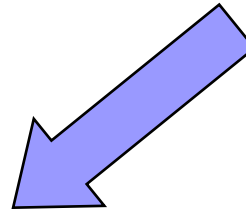
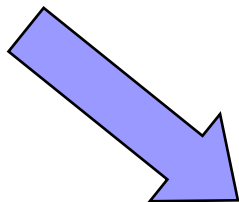
May be instructed to go home if:

- Currently has H1N1 symptoms
- Diagnosed as having H1N1
- Is a health care worker who has had direct contact with H1N1

**May elect to stay home if:**

- Currently has H1N1 symptoms
- Diagnosed as having H1N1

**Consult with MHD before excluding employee – they will help determine risk of infection**

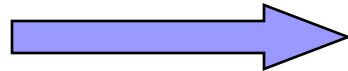


**Employees who are excluded from employment due to H1N1 symptoms should take sick leave. All department rules regarding sick leave usage apply.**

# H1N1 – Exclusion from Employment

A Health Care Worker under the policy is:

Public Health Nurse  
Clinic Assistants  
Laboratory Staff  
Social Workers  
MFD respondents



Designated Health Care Workers are paid for period of exclusion if:

**Employee goes to Concentra for H1N1 testing within 1<sup>st</sup> 24 hours of exclusion**

**H1N1 test is negative**

**Employee immediately returns to work after receiving result**

**General Staff may return to work after fever has resolved for at least 24 hours without use of anti-fever medications**

**Symptomatic Health Care Workers may return to work when:**

**Approved H1N1 test demonstrates negative result, or**

**7 days from symptom onset or until 24 hours after resolution of fever - whichever is longer**

# Jury Duty and Subpoenas

- Employees receive time off with pay for jury duty.
  - pay check deduction is made equal to the amount they receive for jury duty.
  - if reports for jury duty but does not receive an assignment, or if jury duty is only for part of a day:
    - employee must report to work.

Employees are granted time off with pay to respond to a subpoena stemming from a work-related incident.

- pay check deduction is made equal to the amount they receive for such appearance.

**In either case - no more time is granted than is necessary**

ORIGINAL - COMPTROLLER  
COPY - DEPARTMENT

CITY OF MILWAUKEE

C-139

**APPLICATION FOR JURY DUTY PAY**

INSTRUCTIONS TO APPLICANT

1. Submit Milwaukee County Summons for Jury Duty Pay (Form X-650-1 R15) , the Juror Service Certification (Form TPJS26), and a copy of the of Milwaukee Remittance Advice (Form 600 Rg) along with the initial application for Jury Duty pay.
2. Enter Pay Code 046 (Jury Duty) on time entry or your time record in the hours paid but not worked section for time served.
3. Forward the above completed forms and applications for Jury Duty pay to your departmental Payroll Clerk.

NAME		HOME ADDRESS	
TITLE		DEPT. AND BUR.	
EMPLOYEE ID NO.	PENSION NO.		PHONE NO.
PAY PERIOD NO.	FROM: MO. DAY YEAR	TO: MO. DAY YEAR	NO. OF HOURS APPLYING FOR

NO GREATER AMOUNT OF TIME SHALL BE GRANTED THAN NECESSARY, AND IN ANY CASE, WHERE AN EMPLOYEE IS CALLED FOR JURY DUTY AND REPORTS THEREFORE WITHOUT RECEIVING A JURY ASSIGNMENT FOR THAT DAY, OR IN ANY CASE WHERE SUCH EMPLOYEE IS ENGAGED IN JURY DUTY OR SERVICE FOR A PART OF A DAY, HE OR SHE SHALL IF HIS CITY WORK IS AVAILABLE TO HIM OR HER REPORT FOR THE PERFORMANCE OF CITY DUTIES FOR THE REMAINDER OF THE DAY. (MILWAUKEE CODE OF ORDINANCES SECTION 350-35-3, DATED 02/13/96)

THE ABOVE STATEMENTS WILL BE DEEMED  
TRUE FOR SUSPENSION OR  
CHARGE

THE ABOVE STATEMENTS ARE TRUE AND CORRECT:

DATE:

APPLICANT'S  
SIGNATURE

**THIS SECTION FOR DEPARTMENTAL APPROVAL**

PHONE NO.

I HAVE REVIEWED THIS APPLICATION FOR COMPLETENESS  
AND ACCURACY AND PAYMENT IS APPROVED:

DATE:

**Where to find  
Jury Duty  
Application:**

➤ **MINT**

➤ **Forms for  
City Service**

➤ **Jury Duty,  
Application for**

# Funeral Leave – Union Employees

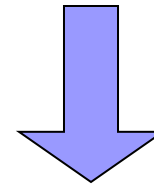
Employees may take funeral leave for the death of their:

- Husband
- Wife
- Child
- Brother/Sister
- Parent
- Grandparent
- Legal Guardian
- Mother/Father in law
- Brother/Sister in law
- Grandchild
- Step Father/Mother (only once)
- Step children of current spouse
- Registered domestic partners
- Spouse's sibling's spouse

Employee is entitled to paid leave of three work days, which must be taken as whole work days.

(One day for death of grandparent or legal guardian)

The three work days off must be contiguous to the day of death or the day after the funeral



Mon	Tue	Wed	Thur	Fri	Sat	Sun



# Funeral Leave – Non-Union Employees

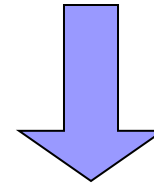
Employees may take funeral leave for the death of their:

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- Legal Guardian
- Mother/Father in law
- Brother/Sister in law
- Grandchild
- Step Father/Mother (only once)
- Step children of current spouse
- Registered domestic partners
- Spouse's sibling's spouse

Employee is entitled to paid leave of three work days, which must be taken as whole work days.

(One day for death of grandparent or legal guardian)

The three days must fall within the 10 consecutive calendar day period that begins on the day of the death



Mon	Tue	Wed	Thur	Fri	Sat	Sun

CITY OF MILWAUKEE  
**APPLICATION FOR FUNERAL LEAVE**

The Funeral Leave Ordinance permits up to three off-days for the death and funeral of a member of an employee's immediate family, beginning with the day of the death or the day after the funeral. (Terms and conditions for funeral leave may be superseded by provisions in particular labor contracts.) One off-day is permitted to attend the funeral of an employee's grandparent. Complete this form, have the departmental certification signed (below) or attach the obituary notice or a statement signed by the mortician in charge of the funeral and submit to your supervisor immediately to obtain approval of the funeral leave. (FALSE STATEMENTS WILL BE DEEMED CAUSE FOR SUSPENSION OR DISCHARGE)

APPLICANT _____	NAME _____	PENSION NO. _____	TITLE _____
STREET ADDRESS _____		DEPT. OR BUREAU _____	

ABSENT FROM: \_\_\_\_\_, 20\_\_\_\_ THRU \_\_\_\_\_, 20\_\_\_\_ TOTAL WORK DAYS ABSENT \_\_\_\_\_ OR \_\_\_\_\_ HOURS  
                             MONTH    DAY                            MONTH    DAY

NAME OF DECEASED _____ DEATH _____ MONTH    DAY    YEAR    CITY                    STATE AL _____ MONTH    DAY    YEAR    CITY                    STATE MONTH    DAY    YEAR    CITY                    STATE	RELATIONSHIP TO APPLICANT: (CHECK ONE) HUSBAND OR WIFE <input type="checkbox"/> PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> SON OR DAUGHTER <input type="checkbox"/> PARENT-IN-LAW <input type="checkbox"/> GRANDCHILD <input type="checkbox"/> BROTHER OR SISTER <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>
<b>DEPARTMENTAL CERTIFICATION</b> A department management person who has personal knowledge of employee's attendance at funeral/burial may sign here in lieu of obituary notice or mortician's statement:	
NAME: _____ TITLE: _____ DATE: _____	
I have reviewed this Funeral Leave Application for completeness and accuracy and approve payment.	
I have statements are true and correct.	
SIGNATURE OF APPLICANT _____ DATE _____	SIGNATURE OF DEPARTMENT HEAD _____ DATE _____

## Where to find Funeral Leave Application:

➤ MINT

➤ Forms for City  
Service

➤ Funeral Leave,  
Application for

# Military Leave

- Military service members have federal rights to protected leaves of absence through **USERRA** (Uniformed Services Employment and Reemployment Rights Act).
- Has a cumulative 5 years absence from work for military duty with reemployment rights:

<b>Active duty</b>	<b>Full-time National Guard Duty</b>
<b>Active duty for training</b>	<b>Exams for military fitness for duty</b>
<b>Inactive duty training</b>	<b>Funeral honors duty for Guard/Reserves</b>
<b>Certain duty performed by NDMS</b>	

There are types of duty that do not count against the cumulative 5 year absence allowance:

In general where service members orders require service in excess of 5 years.  
Required training for reservists and Guard members.


**Review orders on case-by-case basis to determine if leave counts against cumulative 5 year leave allowance**

# Military Leave

- USERRA requires service members to be reemployed in the job they would have attained had they not been on leave.
  - And with appropriate seniority, status, pay, as well as other rights and benefits determined by seniority.
- City employees on military leave continue to accrue pension credit.
- City employees also effectively continue to accrue vacation and sick leave.
  - (Accrual is suspended while on leave, but adjustments should be made when employee returns from leave - credit employee with vacation and sick leave earned while on leave)

# Military Leave – City Benefits

- If leave is less than 90 days, employee receives;
  - 15 paid calendar days of leave if leave is taken in one single period
  - 10 paid calendar days of leave if leave is taken intermittently
- If employee qualifies for veterans' preference points, receives full City pay, and keeps military pay.
- If employee does not qualify for veteran's preference points, has amount equal to military pay deducted from City pay.
- Employee must return to work on the next regularly scheduled work shift after calendar day necessary to travel from place of duty to Milwaukee.



# Military Leave – City Benefits

- If the leave is more than 90 days – the employee does not receive City pay.
  - The employee is entitled to reinstatement as follows:
    - If returning from Reserves or Guard after initial enlistment, must apply for re-employment within 31 days of release
    - If returning from any other active Reserve or Guard duty, must report back for work at start of next regularly scheduled work shift.
  - If employee is returning from any other duty (Non-reserve, non-guard), must apply for re-employment within 90 days of release.
- 
- **All employees are allowed paid leave to attend military funerals of veterans if request is made by veterans organization.**
  - **All employees are allowed paid time off to take physical or mental exams for induction to military service.**